

3/28/2018

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

**Re: *Ex Parte* Presentation: Bridging the Digital Divide for Low-Income Consumers, WC
Docket Nos. 17-287, 11-42, 09-197**

Dear Ms. Dortch:

As members of the health care community, health care providers and advocacy organizations concerned with public health, we are profoundly concerned with proposed changes to the Lifeline program. The Lifeline program helps millions of low income families, including families with children, pregnant women, disabled, and elderly individuals, obtain affordable communication services and access to essential mobile health information, improving their lives and their ability to manage their health care every day. Several of the changes to Lifeline program proposed in the recently-issued Lifeline Notice of Proposed Rulemaking and Notice of Inquiry would have devastating consequences for those who rely on Lifeline service to access health care resources. We urge the Commission to abandon the proposals addressed below to ensure that low income families benefit from reliable voice and internet services, and the many health and emergency services they access through Lifeline.

In its Notice of Proposed Rulemaking,¹ the FCC proposes to limit Lifeline support to facilities-based broadband service provided to a qualifying low-income consumer over the ETC's voice and broadband-capable last-mile network and to discontinue Lifeline support for service provided over non-facilities-based providers. Exclusion of wireless resale providers from the Lifeline program would result in about 70 percent of current Lifeline customers losing access to essential telecommunication and broadband service. According to the Commission's 2016 Universal Service Monitoring Report, there are more than 12.5 million subscribers to the Lifeline program, 68.5 percent of whom obtain their service through non-facilities based providers.²

We oppose this reseller exclusion proposal because there are many unique and successful mobile health programs established by wireless resellers which deliver important health care benefits to Lifeline customers. For example, TracFone Wireless's SafeLink Wireless® has partnered with

¹ *Bridging the Digital Divide for Low-Income Consumers*, Fourth Report and Order, Order on Reconsideration, Memorandum Opinion and Order, Notice of Proposed Rulemaking, and Notice of Inquiry, FCC 17-155, 2017 WL 6015800 (2017).

² FCC, Universal Service Monitoring Report, CC Docket No. 96-45 et al., at 22-30 (2016), https://apps.fcc.gov/edocs_public/attachmatch/DOC-343025A1.pdf.

several of the leading managed care organizations (MCO) in the United States to offer phones, service and mobile health technology to their Medicaid members. Over 800,000 families are currently receiving benefits and millions have enrolled the past eight years through over 25 MCO partnerships. Medicaid members participating in this program currently receive a smartphone, 350 voice minutes per month, unlimited text messages, 1 GB of mobile broadband data service, as well as unlimited free calls to the health plan and mobile health education programs through CareMessage.

Lifeline provides important access to health care and also enables the medical community (health care providers) to provide care to low-income Lifeline customers to whom access would be difficult and, in some cases, impossible. One survey found that 54% of Lifeline subscribers used the service to connect with doctors and for other health-related purposes.³ Additionally, health care providers treating low-income patients often find it difficult to follow-up with those patients who do not have access to reliable communications service. When health professionals are unable to reliably contact patients either by voice telephone call or via text message, medications will be used incorrectly, significant symptoms will not be diagnosed in a timely manner or may not be diagnosed at all, and serious, avoidable complications may arise and may not be treated properly, if at all.

Evidence shows that patients living with chronic conditions benefit greatly from a digital connection with their health care professional between office visits.⁴ A study published in 2016 in the *Journal of Medical Internet Research* found that brief automated messages drastically improve health outcomes for Type 2 diabetes patients, particularly when glycemic control is involved, leading to financial savings as well.⁵ Conclusions from these large reviews (including one conducted by the U.S. Department of Health and Human Services) confirm that text messaging interventions can bring about behavior change. One epidemiologic review that only assessed randomized controlled trials, the “gold standard” for evaluating an effect, confirmed that health text messaging programs improved smoking cessation rates, weight loss and diabetes management.⁶ Another review proved that text message reminders can double the odds of medication adherence.⁷ Drug adherence is important for the person taking the medicine, and

³ See Letter from Olivia Wein, Staff Attorney, National Consumer Law Center, to Chairman Greg Walden and Ranking Member Anna Eshoo, Subcommittee on Communications and Technology, House Committee on Energy and Commerce, at 4 (Apr. 23, 2013), <https://ecfsapi.fcc.gov/file/7022293674.pdf> (citing Sprint, Ex Parte Presentation, FCC WC Docket 11-42 (April 10, 2013)).

⁴ Eric Wicklund, *Survey: Chronic Care Patients Want an mHealth Connection With Their Doctor*, mHealthIntelligence (Feb. 21, 2017), <https://mhealthintelligence.com/news/survey-chronic-care-patients-want-an-mhealth-connection-with-their-doctor>.

⁵ Carukshi Arambepola, MD, et al., *The Impact of Automated Brief Messages Promoting Lifestyle Changes Delivered Via Mobile Devices to People with Type 2 Diabetes: A Systematic Literature Review and Meta-Analysis of Controlled Trials*, *Journal of Medical Internet Research* (2016), <http://www.jmir.org/2016/4/e86/>.

⁶ Heather Cole-Lewis and Trace Kershaw, *Text Messaging as a Tool for Behavior Change in Disease Prevention and Management*, 32 *Epidemiologic Reviews* 1, 56–69 (2010), <https://doi.org/10.1093/epirev/mxq004>.

⁷ Jay Thakkar, et al., *Mobile Telephone Text Messaging for Medication Adherence in Chronic Disease: A Meta-analysis*, 176 *JAMA Intern Med.* 3, 340–49 (2016), <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2484905>.

critical for the financial well-being of the healthcare system generally, with some estimates placing the cost of nonadherence as high as \$300 billion annually.⁸

In addition to improving health outcomes and reducing health care costs, we know that wireless Lifeline is also used for public safety, as tens of thousands use their Lifeline phones to contact emergency services.

We also oppose the FCC's proposals which would impose a hard cap on overall Lifeline spending, and set a lifetime limit on individual Lifeline recipients. Implementing a hard cap on spending to a program that already has a low participation rate among qualified low-income households seems misguided. As health care professionals, we fear that a cap which results in denial of benefits to otherwise qualified low-income households would also deny those low-income consumers from receiving the important health care Lifeline services described in the preceding paragraphs. Worse still in the proposal to institute a lifetime limit on the receipt of Lifeline benefits. This proposal would penalize individuals who may fall on hard times during different times in their life. Indeed, imposing such a limit will disproportionately punish older low-income consumers, who may find they again need Lifeline service later in life, but who will no longer be eligible to receive Lifeline-supported service.

Furthermore, we believe the proposal to mandate a co-pay for Lifeline would hurt our Medicaid patients that are economically fragile. Those patients enroll in no charge Lifeline programs available from various wireless providers because the program does not require deposits, credit checks, late fees, or a checking account or some other means to make a monthly payment. If these proposals are adopted, our patients, many of whom are homeless, disabled veterans, domestic violence victims, victims of natural disasters, and many others would be left without assistance.

If the FCC chooses the path laid out in the *Notice of Proposed Rulemaking*, then millions of low-income American households will lose out not just in their ability to obtain telecommunications and broadband Internet access, but will also lose health care information and access health care services as well. We urge you to reject these proposals.

Sincerely,

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Nai Kasick
L.A. Care

Greg Pugh
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⁸ Aurel O. Iuga and Maura J. McGuire, *Adherence and health care costs*, Risk Management and Healthcare Policy 7, 35-44 (2014), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3934668>.

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